

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Benowitz, et al.
Application No.: 10/580,364 Group No.: 1649
Filed: December 14, 2006 Examiner: Not Yet Assigned
Confirmation No.: 1709 Customer No.: 50828
Title: METHODS FOR TREATING NEUROLOGICAL DISORDERS

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted.

Error in**Correct data**

- | | | | |
|--|-----------------------------|-----|---|
| 1. <input type="checkbox"/> | Applicant's name | 1. | |
| 2. <input type="checkbox"/> | Applicant's address | 2. | |
| 3. <input type="checkbox"/> | Applicant's name | 3. | |
| 4. <input type="checkbox"/> | Applicant's address | 4. | |
| 5. <input checked="" type="checkbox"/> | Assignee's name | 5. | Children's Medical Center Corporation, Boston |
| 6. <input type="checkbox"/> | Assignee's Address | 6. | |
| 7. <input type="checkbox"/> | Title | 7. | |
| 8. <input type="checkbox"/> | Filing Date | 8. | |
| 9. <input type="checkbox"/> | Serial Number | 9. | |
| 10. <input type="checkbox"/> | Foreign/PCT Application Re: | 10. | |
| 11. <input type="checkbox"/> | Domestic Priority | 11. | |

3. *(complete the following applicable item)*

- ☒ [X] The correction(s) is not due to any error by applicant and no fee is due. Applicants respectfully request that the database be corrected promptly. A copy of the Application Data Sheet is attached herewith.

OR

- ☐ [] At least one of the above corrections is due to applicant's error and the fee therefore, under 37 C.F.R. Section 1.19(h), of \$25.00 is paid as follows:

- ☐ [] Enclosed is check for \$25.00.
☐ [] Charge Account _____ the sum of \$25.00.

Date: August 6, 2008

Respectfully submitted,

/Shayne Y. Huff/

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APPLICATION NUMBER	FILING or 371(c) DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	TOT CLAIMS	IND CLAIMS
10/580,364	12/14/2006	1649	1670	701039-054385	63	3

CONFIRMATION NO. 1709

FILING RECEIPT



OC000000031157373

Date Mailed: 07/25/2008

Receipt is acknowledged of this non-provisional patent application. The application will be taken up for examination in due course. Applicant will be notified as to the results of the examination. Any correspondence concerning the application must include the following identification information: the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please submit a written request for a Filing Receipt Correction. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections

Applicant(s)

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Assignment For Published Patent Application

Children's Medical Center Corporation, Boston

Power of Attorney:

David Resnick-34235

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US04/42255 12/16/2004
which claims benefit of 60/529,833 12/16/2003

Foreign Applications

If Required, Foreign Filing License Granted: 07/23/2008

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US 10/580,364**

Projected Publication Date: 11/06/2008

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Method for Treating Neurological Disorders

Preliminary Class

514

PROTECTING YOUR INVENTION OUTSIDE THE UNITED STATES

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Title 35, United States Code, Section 184

Title 37, Code of Federal Regulations, 5.11 & 5.15

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